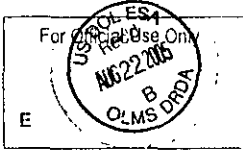


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12614</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>JOHN T BEJCEK</u> P.O. Box, Bldg., Room No., if any <u>P.O. BOX 493</u> Street <u>14580 RICHEL ROAD</u> City <u>WEST SALEM</u> State <u>OHIO</u> ZIP Code + 4 <u>44287</u>	4. Name, file number, and address of labor organization. Name <u>OHIO and VICINITY REGIONAL COUNCIL OF CARPENTERS</u> Labor Organization File Number <u>542327</u> P.O. Box, Building and Room Number, if any Street <u>3615 CHESTER AVENUE</u> City <u>CLEVELAND</u> State <u>OHIO</u> ZIP Code + 4 <u>44114</u>
5. Position in labor organization. <u>BUSINESS REPRESENTATIVE / ORGANIZER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>John T. Bejcek</u>	On <u>8/8/05</u> Date	<u>(330) 697-0456</u> Telephone Number

Name: __John T. Bejcek
File No.: U-_____

2004 LM-30

<u>#</u>	<u>Date of Event</u>	<u>Category</u>	<u>Description of Event</u>	<u>Name & Address of Employer</u>	<u>Nature of Relationship to the Employer</u>	<u>Estimated Dollar Value</u>	<u>Comment</u>
1.	June 2004	B	Dinner	AGC Akron Division 453 South High Street Akron, Ohio 44311	Represents Union Employers in Akron Area	\$50	Value is an estimate